

Tolland Youth Services Community Theater



Cast Registration Form

Tolland residents only. Participation capped at 70 Senior Chorus, 30 Junior Chorus members.

Participant Information

Name _____

Address _____

Email _____

Phone _____

Current Grade _____ Age _____ Birthdate _____

Group	<input type="checkbox"/> Senior Chorus (currently in grades 7-12) <input type="checkbox"/> Auditioning for lead role	<input type="checkbox"/> Junior Chorus (currently in grades 4-6)
Participation Fee	\$100 (subsequent siblings \$20 discount)	\$80

☐ Previous TYSCT experience: ☐ Summer Musical _____ years ☐ Coffee House _____ years

☐ Other theatrical experience: _____

☐ Dance: _____ years Studio: _____ Style: _____

☐ Voice: _____ years Coach: _____ Style: _____

☐ Other special skills: _____

Summer Schedule

June 27 – July 21 (excluding July 4)	Monday-Thursday 6:00 - 9:00 pm	Leads & Chorus Rehearsal
	Tuesday & Thursday 6:00 - 7:30 pm	Junior Chorus Rehearsal
July 23	Saturday 9:00 am - 2:30 pm	Tech Day (All)
July 25 – 28	Monday-Tuesday 6:00 - 9:30 pm	Rehearsal (All)
	Wednesday 5:30 - 9:30 pm	Dress Rehearsal (All)
	Thursday 5:00 - 9:00 pm	Dress Rehearsal (All)
July 29 & 30	Friday & Saturday 7:00 pm	Performance (All)

☐ Participant commits to attending rehearsals and performance. Any planned absences will be communicated to TYSCT staff at earliest notice.

Parent/Guardian Information

Name(s) _____

Email _____

Phone (1) _____ Phone (2) _____

☐ My child has permission to participate in the 2022 TYSCT Summer Musical

☐ I'm interested in helping with: ☐ Set Construction ☐ Lobby Decoration ☐ Costumes
☐ Photography ☐ Concessions ☐ Ticket Sales
☐ Usher ☐ Stage Make-Up

☐ I give permission for my child's photo/likeness/comments to be included in print and social media to promote Tolland Youth Services Community Theater

☐ I am comfortable receiving communication via Google Docs ☐ I prefer communication via email

☐ My child will need an accommodation because of a disability to enjoy this program.

Details: _____

☐ My child has a medical condition, allergy, behavioral issue that staff should be aware of, in order to monitor for the safety of my child. Details: _____

Emergency Medical Authorization

In the event of an emergency while your child is participating in a Tolland Youth Services program, and a parent/guardian cannot be reached, Tolland Youth Services has permission to contact:

Name(s) _____ Relationship _____

Phone _____

Doctor's Name _____ Phone _____

Waiver & Medical Release

In consideration of your acceptance of this registration, I hereby, for myself, my child, my heirs, executor and administrators, waiver and release all rights and claims for damages I or my child may have against the Town of Tolland and its representatives, the Tolland School District and its representatives, successors and assigns for any and all injuries suffered by myself or my child during participation in the registered activity. In case of an accident occurring during my or my child's participation I hereby grant permission to the Town of Tolland to utilize any emergency medical care it deems necessary to treat any injuries suffered by myself or my child. I further understand the Town of Tolland Youth Services reserves the right to photograph facilities, activities and program participants for potential future publicity or promotional purposes only.

Parent/Guardian Signature _____ date _____

Return this form and participation fee (checks payable to TYSCT): Tolland Human Services / TYSCT, 21 Tolland Green, Tolland, CT (open Mon-Wed 8:00-4:30, Thurs 8:00-7:30, closed Fri).

For more information, contact Gina Zahner at: tysct.ginazahner@gmail.com

TYSCT use only:	Registration Paid	Cash \$ _____	Check \$ _____	Check # _____
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